## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000049367 (1)

**VICTORIA TAYLOR & ASSOCIATES, INC.** 

## FILED Jun 06 1997 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			
12187 S.W. 131 AVE. 12187 S.W. 131 AVE. MIAMI FL 33186-6448					
					3. Date Incorporated or Qualified 3a. Date of Last Report 06/01/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 246 NV 66 <sup>th</sup> 3f 26 Same Suite, Apt. #, etc. Suite, Apt. #, etc.			Í		6) -00//(97 Not Applicable
22	π <sub>ι</sub> οιο.	27	1		<b>5.</b> Certificate of Status Desired Fee Regulred
City & State	âmi FL	City & State		***	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for intangible tax under s. 199.032,
24 331	06 25 USA	29	30	·	Florida Statules Yes 12 No
9. Name and Address of Current Registered Agent  TAYLOD MOTORA C 81 Na				II Name	10. Name and Address of New Registered Agent
INTEGR, VICTORIA E				INAME	
12167 S.W. 131 AVE. MIAM! FL 33186			8	Street Addr	lress (P.O. Box Number is Not Acceptable)
in In	m: FL 33 190		8	3	
			_		
$\Delta V^{**}$	· · · · · · · · · · · · · · · · · · ·		8	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statul	es, the abo	ve-named corp	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the childs	itions of Section 407.9505. Flo	orida Statul	es.	DO CCTD core
SIGNATURE	- June		Horia	E Jaylor	rkestuer 5/30/97
12.	Signature, lyped or printed name of registered age OFFICERS AND		13.	.gent signafute requir	Ired when reinstating) DAJE: / ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	TAYLOR, VICTORIA E	-	1.2 NAM	E	
STREET ADDRESS	12167 S.W. 131 AVE.		1.3 STAE	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		14 CITY	- \$7 - ZIP	
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME			2.2 NAM	E	
STREET ADDRESS			2.3 STRE	et address	**
CITY-ST-ZIP		☐ DELETE		(-ST-ZIP	
TITLE NAME		☐ vccc+¢	3.1 TITLE		L. Change L. Addition
STREET ADDRESS			3.2 NAM	E1 ADDRESS	
CITY-ST-ZIP			i i	1-\$1-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	1E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	1	☐ Change ☐ Addition
NAME			5.2 NAMI	ł	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE		☐ Change ☐ Addition
NAME		C Occent	6.2 NAM		Citalige (2) Abdition
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			6.4 City		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and incorrate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the cycloration or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if planned II on an attachnish with an address.